

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1		1			
4						
5						
6	8					
7			1			
8	8					
9						
10	8					
11	8					
12			1			
13			1			
14	1		1			
15			1			
16	3					
17	10					
18	8					
19	8					
20	8					
21						
22			1			
23						
24				1		
25					1	
26					1	
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48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			37			
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						